Frequently Asked Questions

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Commission on Dietetic Registration
the credentialing agency for the Academy of Nutrition and Dietetics

For more information, visit www.cdrnet.org/GMCS
Please email quality@eatright.org for questions or comments

General Global Malnutrition Composite Score Information

1. What is the Global Malnutrition Composite Score?

The Global Malnutrition Composite Score (GMCS) electronic clinical quality measure (eCQM) assesses the percentage of hospitalizations for adults aged 65 years and older at the start of the inpatient encounter, with a length of stay equal to or greater than 24 hours who received optimal inpatient nutrition care during the current inpatient hospitalization. The GMCS eCQM is constructed of four measure observations that are aggregated as an arithmetic average of eligible hospitalizations. Table 1 presents descriptions of the measure observations (MO) and associated calculations.

Table 1. Description of the GMCS Component Measures

Measure Observation	Description	Staff Involved	Notes
MO1: Malnutrition Risk Screening	Eligible encounters* where a Malnutrition Risk Screening was performed with an At Risk or Not At Risk Result OR a Hospital Dietitian Referral Order was placed	Performed by any appropriate provider	If this Measure Observation is not completed, measure performance stops
MO2: Nutrition Assessment	Eligible encounters where a "Nutrition Assessment" was performed with an associated result of Well Nourished/Not Malnourished/Mildly Malnourished, Moderately Malnourished OR Severely Malnourished	Performed by an RD/RDN	Only in the setting of an At Risk screen result and/or a Hospital Dietitian Referral Order
MO3: Malnutrition Diagnosis	Eligible encounters where a current Malnutrition Diagnosis was documented	Documented by a physician or other eligible provider	Only in the setting of a Moderate or Severe Malnutrition finding from the nutrition assessment
MO4: Nutrition Care Plan	Eligible encounters where a current Nutrition Care Plan was documented	Performed by an RD/RDN	
MO5: Total Malnutrition Components Score	Measure Observation 1 + Measure Observation 2 + Measure Observation 3 + Measure Observation 4	Each measure observation receives a 1 if it was performed or a 0 if it was not performed	
MO6: Total Malnutrition Composite Score as Percentage	$\left(\frac{Total\ Malnutrition\ Components\ Score}{Total\ Malnutrition\ Composite\ Score\ Eligible\ Occurrences}\right) \times 100$		
Facility GMCS for a reporting period	$\frac{(\sum Total\ Malnutrition\ Components\ Score\ as\ Percentage)}{\#\ Eligible\ Hospitalizations\ in\ the\ Reporting\ Period}$		

* An eligible encounter includes any inpatient visit with a length of stay of 24 hours or more and a patient aged 65 years or older.

- "Total Malnutrition Composite Score Eligible Occurrences" is always 4 except in the following instances:
  - If a "Malnutrition Risk Screening" was performed AND a "Malnutrition Screening Not At Risk Result" was identified AND "Hospital Dietitian Referral" was not ordered, then the "Total Malnutrition Composite Score Eligible Occurrences" equals 1.

- If an At Risk screening result or a Hospital Dietitian Referral Order is present and a "Nutrition Status Well Nourished or Not Malnourished or Mildly Malnourished" was identified OR a Nutrition Assessment was not completed, then the "Total Malnutrition Composite Score Eligible Occurrences" is 2.

2. **If a patient was admitted many times over a year, does each admission need to be evaluated individually?**

   Yes, for each eligible encounter during the measurement period, a new performance score is calculated.

3. **Are patients admitted under observation status included?**

   Patients admitted solely under observation status are not included. However, patients who begin their admission in observation status or the emergency department and transition to inpatient are included. Additionally, any activities completed in emergency and/or observation status are counted toward the completion of the measure observations.

4. **How do swing beds impact GMCS performance?**

   Inpatient encounters with a length of stay (LOS) of at least 24 hours and a patient at least 65 years of age, are included in measure performance, regardless of the patient's physical location. If swing beds are not classified as inpatient at the time of the encounter, then the encounter will not be included in measure performance.

5. **How is the process affected by patients who are receiving hospice care?**

   This depends on what a facility defines as an inpatient encounter in its policies and procedures. Follow guidelines and regulations established by CMS and state/local agencies. GMCS focuses on identifying and addressing malnutrition. If the facility includes hospice care in the inpatient admission, the screening and assessment can still be done, and the care plan can provide an individualized plan for the hospice patient.

6. **For large health systems, is this data submitted to CMS for an individual hospital or for a health system that has hospitals in numerous states?**

   Each individual facility reports quality measures independently. Reporting for the GMCS mirrors reporting of all other eCQMs. Consider reaching out to your local quality team for specific institutional details.

7. **How should hospitals interpret their GMCS scores?**

   Higher scores indicate better performance, while lower scores indicate opportunities for improvement. Hospitals may internally monitor the performance of the GMCS and four component measures over time to facilitate quality improvement for patients who are malnourished or at risk of malnourishment.

8. **How is the GMCS used in CMS quality reporting?**

   The GMCS is included in the CMS Hospital Inpatient Quality Reporting Program (Hospital IQR Program) and the Medicare Promoting Interoperability Program as one of three self-selected eCQM for hospital reporting. The Hospital IQR Program is a voluntary, pay-for-reporting program with hospital performance tied to its Medicare Annual Payment Update (APU). To receive the full Medicare APU for provided inpatient care, hospitals are required to report data to CMS on specific measures for high-volume and high-cost health conditions.

9. **Can hospitals view their GMCS performance online?**

   The Hospital IQR Program publicly reports quality of care data on the Medicare Care Compare website under the “Hospitals” section. Refer to the CMS Hospital IQR Program website for additional information on all aspects related to the program’s use of the GMCS.

10. What information is used to calculate the GMCS?

Fifteen data elements are used to calculate the GMCS (Table 2), all readily available in electronic health records (EHRs). Of those 15 elements, four are used to calculate other eCQMs, leaving 11 elements unique to the GMCS. Table 2 depicts several linked data elements, meaning they are collected simultaneously.

Table 2. GMCS Data Elements

GMCS Data Element & Attributes*	#1 Screen	#2 Assess	#3 Diagnose	#4 Care Plan
Encounter Type+	√	√	√	√
Inpatient Admission Time+	√	√	√	√
Inpatient Discharge Time+	√	√	√	√
Date of Birth+	√	√	√	√
Completed Malnutrition Risk Screening	√	√		
Completed Malnutrition Risk Screening Time Stamp	√	√		
Completed Malnutrition Risk Screening Result	√	√		
Hospital Dietitian Referral	√	√		
Completed Nutrition Assessment		√	√	√
Completed Nutrition Assessment Time Stamp		√	√	√
Completed Nutrition Assessment Result			√	√
Documented Malnutrition Diagnosis			√	
Completed Malnutrition Diagnosis Time Stamp			√	
Completed Nutrition Care Plan				√
Completed Nutrition Care Plan Time Stamp				√

*All GMCS data elements are readily available in an EHR

+Data elements used in other eCQMs

NOTE: Data elements in the same color bundle indicate linked data elements

Completion of Measure Observations

11. Can a nutrition screening be completed more than once during a hospital encounter? If the results differ, which counts for the measure?

Screening may take place more than once in one inpatient encounter. Current logic prioritizes a Not at Risk result at any time during the encounter, regardless of the timing. The presence of a Hospital Dietitian Referral Order can supersede the Not at Risk result and allow for performance measurement of additional measure observations.

12. What if malnutrition risk screening does not identify risk for malnutrition but malnutrition is identified later in the admission?

In the instance of a Not At Risk malnutrition risk screen result, GMCS performance measurement stops, regardless of completion of additional measure observations, with a performance score of 100%. However, the presence of a Hospital Dietitian Referral can allow for performance measurement of additional measure observations despite the Not at Risk result. Note that performance measurement should not necessarily dictate appropriate care in this setting. Refer to local policies and procedures to ensure care provision aligns with expectations.

13. What is the role of a Hospital Dietitian Referral in calculating performance for the episode?

A Hospital Dietitian Referral has multiple functions in calculating performance for the episode:

- Counts as completion of Measure Observation 1, Malnutrition Risk Screening
- Queues the RD/RDN to conduct a nutrition assessment, even in the setting of a Not At Risk Result from the Malnutrition Risk Screening

14. How is the GMCS encounter performance impacted when an RD/RDN nutrition diagnosis differs from that of the physician and another eligible provider?

Assuming the presence of an At Risk Result from Malnutrition Risk Screening:

- If the RD/RDN documents a nutrition diagnosis of "Not Malnourished or Mildly Malnourished", then the physician's or eligible clinician's malnutrition diagnosis is not included in the measure performance.
- If the RD/RDN documents a nutrition diagnosis of Moderate or Severe Malnutrition, the physician or eligible clinician's documented malnutrition diagnosis is included towards completion of Measure Observation 3 regardless of the alignment of malnutrition severity.

15. Do specific tools need to be used for completing the malnutrition risk screening and nutrition assessment?

No, the GMCS does not require the use of specific malnutrition risk screening or nutrition assessment tools. However, clinicians are encouraged to use valid and reliable tools for accurate and reproducible results.

16. The Malnutrition Risk Screening Value Set contains only codes specific to the NRS 2002 screening tool, along with a few generic codes. Is there a reason only this screening tool is included there?

There is no requirement to use the NRS-2002 screening tool. Any of the available LOINC (Logical Observation Identifiers Names and Codes) codes present for (i.e., 84291-4 Nutrition and dietetics Risk assessment and screening note, 98967-3, Nutritional Risk Screening 2002 panel, 8968-1 Initial screening NRS_2002, 98972-3 Final screening NRS_2002) can be used. Therefore, other valid and reliable tools can be mapped to the value set code, 84291-4 Nutrition and dietetics Risk assessment and screening note.

17. Where are the data elements used to calculate GMCS components documented in an EHR?

The location of each component in the EHR varies by institution. The locations of the data elements, best practices for documentation, and potential changes to the EHR build will be organization-specific. Consider partnering closely with your organization's information technology staff to ensure the data elements corresponding to each component are mapped to the correct location.

18. Some EHR systems do not have the NCP terms from the value sets included. How can leaders ensure the inclusion of these codes in the EHR in a structured and easily capturable format when the EHR decisions are not often made at the local level?

Mapping discrete fields to appropriate codes designated in value sets is typically completed by IT staff and is usually not visible to front-end clinical users. If discrete fields already exist as part of a malnutrition care workflow, mapping these fields is relatively straightforward. If discrete fields do not already exist, demonstrating the value of standardized terminology in these such fields to leadership is key to ensuring an optimal EHR build and optimal malnutrition care.

19. **Do standing orders for Dietitian Referrals count as the Hospital Dietitian Referral and, hence, towards completion of the Nutrition Risk Screening?**

    Yes. A service line standing order for a Dietitian Referral should be able to count towards the Hospital Dietitian. For this to count, the facility needs to ensure that the service line standing order is linked to the value set assigned to Component Measure #1 to ensure the completion of the requirement is met.

20. **Are Nutrition and Dietetic Technicians, Registered (NDTRs), eligible to complete any measure observations?**

    Yes! NDTRs are considered eligible professionals for completion of Malnutrition Risk Screening. Other clinicians may include Certified Dietary Managers (CDMs), nursing assistants (NAs), or any other individual based on state, local, and organizational regulations, policies, and procedures.

21. **Why is a diagnosis of mild malnutrition not included?**

    The GMCS encourages the use of valid and reliable malnutrition risk screening and assessment tools to help ensure the delivery of best practices and high-quality nutrition care. There are currently no validated criteria to diagnose mild malnutrition in adults. Therefore, this diagnosis is not included in the composite score for measure observations 3 and 4.

22. **Does the nutrition assessment need to be completed within 24 hours of the malnutrition screen?**

    There is no timing element for any of the measure observations. They can be completed in any order at any time during the eligible encounter. Measure observations simply must be completed during the inpatient encounter and/or during the related observation or ED encounter. The nutrition screen does not need to be completed within 24 hours of the inpatient admission. However, it does need to be completed within that admission (inpatient stay) period.

23. **Can dietetic interns complete Measure Observations 2 and 4, if an RDN cosigns the note?**

    This will be based on your state regulations and facility policies. However, it is specified that the measure observations are completed by an RDN. An intern does not qualify as a fully credentialed RDN. If the RDN is cosigning, policies and regulations should specify that the RDN has reviewed the case and agrees with the assessment and nutrition care plan.

24. **Does a malnutrition diagnosis during the admission and prior to the screening and assessment count towards Measure Observation 3: Malnutrition Diagnosis?**

    Yes, if a diagnosis is active at some point during the encounter, it counts toward measure performance regardless of the timing in relation to other measure observations. It is important to note that, for this component to be included in the calculation, Malnutrition Risk Screening must yield a result of "At Risk" and/or a Hospital Dietitian Referral order must be present along with a result of Moderate or Severe Malnutrition from the Nutrition Assessment.

25. **What sources will be used to capture the physician's diagnosis of malnutrition?**

    The source used to capture the physician diagnosis is the location of the physician's note or documentation that contains the diagnosis that has been identified by the mapped data element during the implementation process. Therefore, it is important that the diagnosis codes are mapped to the correct value set code in your EHR. Please work with your documentation/IT specialist to understand how your facility will map each component.

26. What exactly will qualify for meeting the criteria for the Nutrition Care Plan? Is there specific language that needs to be included to count towards the score?

The Nutrition Care Plan structure used to address malnutrition can be defined at the institutional level. For GMCS, specific value sets define the concepts required in documentation to meet the requirements. The value sets for the care plan can be found on VSAC. Your IT team needs to ensure this RDN documentation component is mapped to the corresponding GMCS component data element and selected value set. The corresponding LOINC codes are necessarily broad so implementers can map other reliable and valid tools that lack specific LOINC codes.

The Care Plan should include a plan to support the patient in what they need to improve their malnutrition status, and be individualized to the patient's needs, which may or may not include local resources. The Care Plan is the NCP nutrition intervention or could be any other note template deemed appropriate to support documentation and coding. As part of the normal workflow, often the RDN completes the nutrition assessment and nutrition care plan at the same time.

27. Is there a benchmark for aggregate scores that hospitals should be looking to achieve?

Because GMCS is a new eCQM, there is no established benchmark. However, the published score will be the aggregate score. Higher scores indicate better performance. Individual hospitals should establish their own benchmark and use the component scores of nutrition screening, assessment, care plan, and malnutrition diagnosis to identify quality improvement projects. One of the goals of the eCQM program is to always strive to improve upon the original score.

Reporting on the Global Malnutrition Composite Score

28. How should hospitals support the implementation of the GMCS in their EHRs?

The GMCS eCQM is specified for use in EHRs. The machine-readable specifications are available on the Electronic Clinical Quality Improvement (eCQI) Resource Center. To support GMCS implementation into a hospital EHR, refer to the following resources for the GMCS on the eCQI Resource Center and applicable to Reporting Period Calendar Year 2025:

- **Electronic Specifications:** CMS986v4.zip, including an XML document in Health Quality Measure Format (HQMF), which is a standards-based representation of quality measures as electronic documents.
- **Human-Readable Specifications:** CMS986v4.html is a Hypertext Markup Language (HTML) document that allows the human readable header content to be viewed in a web browser.
- **Value Set Codes Inventory:** CMS986v4 Value Sets are the National Library of Medicine (NLM) value sets published in the Value Set Authority Center (VSAC), including a downloadable Excel spreadsheet of all GMCS value sets, including value set concepts, all codes, and coding descriptors.

29. Is there a monetary cost to implementers for reporting eCQM performance data to the Hospital IQR or Medicare Promoting Interoperability Programs?

CMS does not charge hospitals to report performance data for any eCQM, including GMCS. However, some hospitals partner with third-party organizations or vendors to build/customize EHRs, generate performance reports, map data elements needed to calculate an eCQM, and/or report performance. Costs are typically associated with these services.

30. **Because the GMCS is an eCQM, will the criteria from the four components be automatically extracted from the hospital's EHR?**

    No. The eCQM data elements and logic mapped into an EHR are not automatically extracted or pulled from a hospital EHR. Rather, performance data are abstracted by hospitals or third-party vendors for submission to CMS based on reporting requirements.

31. **If a hospital does not self-select the GMCS as one of its voluntary eCQMs, will the hospital's payment determination be affected by its performance on the GMCS?**

    Performance on the GMCS will not affect hospitals' payments whether they self-select to report on the GMCS or not. A hospital's payment is based upon submitting the appropriate data following the mandatory timeline for the mandatory and self-selected measures. Failure to submit a data set by its corresponding due date results in failure to meet the Hospital IQR Program requirements, thereby resulting in a payment reduction.

32. **What gaps in care for malnutrition may still exist even after implementing the GMCS? How can credentialed practitioners help to improve that gap?**

    Reporting on the GMCS does not necessarily imply high performance or comprehensive nutrition care for patients with malnutrition in the hospital. Therefore, implementing quality improvement (QI) processes prior to reporting on the measure can help to optimize performance. Following the steps presented in the MQii Toolkit can help inform the causes of gaps in care and offer steps to fill them.

33. **What impact will this measure have on Joint Commission surveys?**

    Reporting on the GMCS specifically does not tie directly to the Joint Commission or other regulatory body surveys. However, providing high-quality, standardized malnutrition care is likely to aid facilities in meeting specific regulatory standards related to nutrition screening and assessment.

Resources

34. **What resources are available for learning more about the GMCS and how to calculate the score?**

The GMCS page, under the GMCS Implementation Resources section, has the following resources applicable to each Annual Update Cycle:

- CMS Specifications and Value set link from the eCQI Resource Center
- Specification Manual document
- Frequently Asked Questions document
- GMCS Process Map document for a visual depiction of the measure progression based on measure observations completed and documented, and their respective results.
- Possible Combinations Table document for clinical scenarios and corresponding performance scores.
- GMCS Score Calculator

35. **Where can I go to find out more about eCQMs?**

    This website provides more information regarding eCQMs: Latest News | eCQI Resource Center (healthit.gov)

36. **How do I get access to the Value Sets?**

    Value set access requires a UMLS account to access the Value Set Authority Center (VSAC). It can be requested here: https://uts.nlm.nih.gov/uts/signup-login.

37. **If I have feedback or recommendations for future Annual Updates, where can I share them?**

    Anyone can submit JIRA tickets asking questions or recommending changes to any measure.